

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TENNESSEE**

In re  
Delores L. Brown

Bankruptcy Case No. **22-20924**

Chapter 13

Debtor(s).

Adversary Proceeding No. 23-00021

Plaintiff(s).

Defendant(s).

**CERTIFICATE OF SERVICE  
SUMMONS AND NOTICE OF PRETRIAL CONFERENCE IN AN ADVERSARY PROCEEDING**

I, MICHAEL DON HARRELL (Name), certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this summons and a copy of the complaint was made APRIL 28, 2023 (Date) by:

( ☒ ) Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:  
Argolian, LLC  
2003 Western Avenue, Suite 340

( ) Electronic Service (in a manner consistent with F.R.C.P. 5(b)(2)(D):

( ) Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

( ) Residence Service: By leaving the process with the following adult at:

( ) Publication: The defendant was served as follows: [Describe Briefly]

( ) State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: [Describe Briefly]

*Under penalty of perjury, I declare that the foregoing is true and correct.*

06/09/2023

*Date*

/s/ Michael Don Harrell

*Signature*

Print Name

Atty. Michael Don Harrell, 1884 Southern Avenue

Business Address

Memphis




Tennessee

38114

City

State

Zip

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature <input checked="" type="checkbox"/> X </p> <p>B. Received by (Printed Name)  C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| 1. Article Addressed to:<br><br>Argolian, LLC<br>2003 Western Ave. # 340<br>Seattle, WA 98121  |  | 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 2. Article Number<br>(Transfer from service label)<br>7018 2290 0000 4210 2086   |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |
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